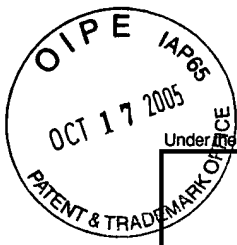


1645



PTO/SB/21 (09-04)
 Approved for use through 07/31/2006. OMB 0651-0031
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 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	09/890371 - Conf. #1865	
	Filing Date	April 8, 2002	
	First Named Inventor	Gregor CEVC	
	Art Unit	1645	
	Examiner Name	V. L. Ford	
Total Number of Pages in This Submission	18	Attorney Docket Number	VOS-020 (107070-129US1)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> (5-month) Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard Amendment Transmittal Letter
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	WILMER CUTLER PICKERING HALE AND DORR LLP		
Signature			
Printed name	Ann-Louise Kerner, Ph.D.		
Date	October 13, 2005	Reg. No.	33,523

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 13, 2005 Signature: (Stephanie R. Douglas)



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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known		
		Application Number	09/890371-Conf. #1865	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	April 8, 2002	
		First Named Inventor	Gregor CEVC	
		Examiner Name	V. L. Ford	
		Art Unit	1645	
TOTAL AMOUNT OF PAYMENT	(\$)	2,160.00	Attorney Docket No.	VOS-020 (107070-129US1)

METHOD OF PAYMENT (check all that apply)

Check
 Credit Card
 Money Order
 None
 Other (please identify): _____

Deposit Account
 Deposit Account Number: 08-0219
 Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below
 Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17
 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
 51 - 53 = _____ x _____ = _____ Fee (\$) Fee Paid (\$)

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
 3 - 3 = _____ x _____ = _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
 _____ - 100 = _____ /50 _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____ Extension for response within fifth month Fees Paid (\$) 2,160.00

SUBMITTED BY			
Signature	<i>Ann-Louise Kemer</i>	Registration No. (Attorney/Agent)	33,523
Name (Print/Type)	Ann-Louise Kemer, Ph.D.	Telephone	(617) 526-6000
		Date	October 13, 2005

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Dated: October 13, 2005 Signature: *Stephanie R. Douglas* (Stephanie R. Douglas)



AMENDMENT TRANSMITTAL LETTER

Docket No.
VOS-020
(107070-129US1)

Application No.
09/890371-Conf. #1865

Filing Date
April 8, 2002

Examiner
V. L. Ford

Art Unit
1645

Applicant(s): Gregor CEVC et al.

Invention: TRANSNASAL TRANSPORT/IMMUNISATION WITH HIGHTLY ADAPTABLE CARRIERS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	51	- 53 =		x	
Independent Claims	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within fifth month					2,160.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					2,160.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. 08-0219 in the amount of \$ 2,160.00.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ _____ to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 08-0219 as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: October 13, 2005

Ann-Louise Kerner, Ph.D.
Attorney Reg. No.: 33,523

WILMER CUTLER PICKERING HALE AND DORR LLP
60 State Street
Boston, Massachusetts 02109
(617) 526-6000

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Dated: October 13, 2005

Signature: Stephanie R. Douglas)